## 2411 N. Charles St., Baltimore

CEDTICICATE OF DEATH

| CERTIFICA  | Reg. Dist. No.  |
|--|---|
| County  City or town Imits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  | Street No   |
| 3. (a) FULL NAME Custin H Butting  | 3. (b) Social Security Number   |
| 4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced   | MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE |
| 8.(b) Name of husband or wife Substitution S | 21. I CERTIFY thet doa'th occurred on the date above stated; theil altended decessed from  19. 4. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19  |
| 8. AGE: Years   Months   Days   If less than one day   | in Syndrome & terminal  |
| 9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or husiness (Town, county, and state)  12. Rame (Module) (Town, county, and state)   | Due to  |
| 12. Hame Marial 3. May 13. Birthplace 1912 14. Maiden name 1924 15. Birthplace 1924 15 | (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  |
| 18. Informant Was drawn Mulhins Address, Horence Howard Comma  | Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.   |
| (Burial, cremation, or removal. Which?)  Cemetery or crematory.  | 22. VIOLENCE: It death was due to external causes, tilt in the tollowing:  Accident, suicide, or homicide   |
| Location 18. Funeral director 19.  | injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?   |
| 19. 9/6/ 1947 E Pearl Mercia   | 23. SIGNATURE A. A. A. A. A. M. D. or other   |

MARGIN RESERVED FOR BINDING



TW. Brighty

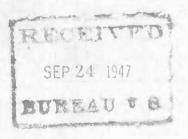
## MARYLAND STATE DEPARTMENT OF HEALTH

08076

Rog. Dist. No. .....

## CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: Howard  County RuralGlenwood  City or town  | 2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  County  Howard  City or town  (If outside city or town limits, write RURAL and give nearest town)  Sireet No.  (If rural, give LOCATION)  2.(a) If veleran, name war.  |
|--|--|
| 3. (a) FULL NAME   | AYER 3. (b) Social Security Number   |
| 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Male   White   Single  | MEDICAL CERTIFICATION  Sept. 21, 1947 at 12; 35 M  |
| 6.(b) Name of husband or wife  | 21. I CERTIFY that death occurred on the date above stated; that atlended deceased from the date above stated; the date above stated is at a second |
| 8. AGE: Years Months Days If less than one day 5   | Immediate cause at death DURATION  Acute Cardiac Juliana 2 hows  |
| Frederick Co. Maryland  9. Sirthplace (Town, county, and state) Retired  10. Usual occupation.  11. Industry or business Jacob V. Trayer   | Due to Coronan in sufficiency 4 days  Due to Profesio schoosis 20 2505   |
| Jacob V. Trayer  12. Name  | Other conditions   |
| Mrs. Willing Beasman  16. Informant  Glenwood, Md.   | Antopsy results  |
| Burial  Burial  Burial  Bate thereof  Burial  Bate thereof  Burial  Bate thereof  Bate thereof  Bate thereof  Bate thereof  Burial  Bate thereof  Bate there | 22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  |
| 19. 9/23 1047 Juanie a. Witahe   | 23. SIGNATURE Charles S. Whitaker 14. O. M. D. or other Address Clarksville, 19 d. Date signed 9-23-47   |



4/23 47 Junia Chestoder